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ACCIDENT/INCIDENT REPORT FORM

SECTION I – PERSONAL INFORMATION OF INJURED		Today's Date
ARE YOU EMPLOYED BY YAVAPAI COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES – <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> STUDENT EMPLOYEE		
IF YOU ARE NOT EMPLOYED BY YAVAPAI COLLEGE, WHAT IS YOUR STATUS? <input type="checkbox"/> STUDENT ONLY <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER		
EMPLOYEES & VOLUNTEERS, EMAIL COMPLETED FORM TO HUMANRESOURCES@YC.EDU WITH subject: Accident Report Form [Last Name, First Name] /Encrypt		
STUDENTS & VISITORS, EMAIL COMPLETED FORM TO CAMPUSPOLICE@YC.EDU WITH subject: Accident Report Form [Last Name, First Name] /Encrypt		
LAST NAME:	FIRST NAME:	MI :
ADDRESS (STREET, PO BOX, CITY, STATE, ZIP)		
DATE OF BIRTH:	HOME PHONE:	
EMERGENCY CONTACT INFORMATION NAME:	PHONE:	
SECTION II – EMPLOYEE INFORMATION (IF APPLICABLE)		
NORMAL WORKING HOURS: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		NUMBER OF DAYS PER WEEK USUALLY WORKED: _____
EMPLOYEE DEPARTMENT:	POSITION:	WORK PHONE:
SECTION III – ACCIDENT/INCIDENT INFORMATION		
DATE OF ACCIDENT/INCIDENT: _____		TIME OF ACCIDENT/INCIDENT: <input type="checkbox"/> _____ AM <input type="checkbox"/> _____ PM
DID THIS HAPPEN: <input type="checkbox"/> COMING INTO WORK <input type="checkbox"/> DURING WORK HOURS <input type="checkbox"/> LEAVING WORK <input type="checkbox"/> OTHER _____		
LOCATION OF ACCIDENT/INCIDENT: _____		
WHICH CAMPUS: <input type="checkbox"/> CHINO VALLEY <input type="checkbox"/> CTEC <input type="checkbox"/> PRESCOTT <input type="checkbox"/> PRESCOTT VALLEY <input type="checkbox"/> SEDONA <input type="checkbox"/> VERDE VALLEY <input type="checkbox"/> OTHER		
DID INJURED PERSON SEEK MEDICAL ATTENTION: <input type="checkbox"/> Yes <input type="checkbox"/> No		DID INJURED PERSON GO TO EMERGENCY ROOM: <input type="checkbox"/> Yes <input type="checkbox"/> No
WHERE DID INJURED PERSON SEEK MEDICAL ATTENTION – PROVIDE NAME AND ADDRESS OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL		
IF HOSPITALIZED, HOSPITAL NAME: _____		
TYPE OF ACCIDENT/INCIDENT: _____		PART OF BODY INJURED: _____ <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
Describe what happened (use back of sheet for additional information):		
WITNESS TO ACCIDENT/INCIDENT: _____		PHONE : _____
WEATHER CONDITIONS AT TIME OF ACCIDENT/INCIDENT: _____		
ACCIDENT/INCIDENT RELATED TO: <input type="checkbox"/> FLOORING/SURFACE <input type="checkbox"/> LIQUID/VAPORS <input type="checkbox"/> WEATHER/NATURE <input type="checkbox"/> OTHER _____		
SIGNED BY: INJURED PERSON'S SIGNATURE (PRINT & SIGN): _____		DATE: _____
SIGNED BY: SUPERVISOR'S SIGNATURE: (PRINT & SIGN) _____		DATE: _____
WAS COLLEGE POLICE CALLED TO THIS ACCIDENT/INCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employees and Volunteers, email completed form to HumanResources@yc.edu with subject: Accident Report Form [Last Name, First Name] /Encrypt		
Students and visitors, email completed form to CampusPolice@yc.edu with subject: Accident Report Form [Last Name, First Name] /Encrypt		

For HR or College Police office use only:

Email form to David.Teague@yc.edu

Save form in M-files